

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

SANDRA DE LA CRUZ, Administratrix of the
Estate of ANDY HENRIQUEZ,

Plaintiff,

v.

THE CITY OF NEW YORK, NYC DOCS C.O.
MIGUEL ACOSTA, NYC DOCS C.O. NICHOLAS
ALVAREZ, NYC DOCS C.O. WANDA ROSA,
NYC DOCS C.O. MAGALIE PEREZ,
NYC DOCS CAPTAIN WINSTON DECLET,
NYC DOCS CAPTAIN ALEXIS PARILLA,
ROMMEL MONTILUS, M.D., PA JOAN DOWNES,
RPA TREVOR GOLBOURNE,
MONICA STAHLMAN, THOMAS RYAN,
LPN WIN MOUK, RACHEL ZINNS, M.D.,
PA DANIEL ASHITEY,
& CORIZON HEALTH, INC.,

Defendants.

X

SUMMONS IN A CIVIL ACTION

CASE NUMBER: 13 cv 7391 (PAE)

TO:

THE CITY OF NEW YORK
100 Church Street
New York, NY 10007

C.O. MIGUEL ACOSTA, Shield # 15230
New York City Department of Corrections
Bronx Court Division
215 East 161st Street
Bronx, NY 10461

NICHOLAS ALVAREZ
674 East 149th Street, Apartment 3G
Bronx, NY 10455

C.O. WANDA ROSA, Shld # 7154;
C.O. MAGALIE PEREZ, Shld # 12177;
CAPT. WINSTON DECLET, Shld #652
New York City Department of Corrections
Otis Bantam Correctional Facility
16-00 Hazen Street
East Elmhurst, NY 11370

CAPTAIN ALEXIS PARILLA, Shield # 1485
New York City Department of Corrections
Division I and II Trailers
320 Madanici Road
East Elmhurst, NY 11370

ROMMEL MONTILUS, M.D.
P.A. JOAN DOWNES
R.P.A. TREVOR GOLBOURNE
MONICA STAHLMAN
THOMAS RYAN,
L.P.N. WIN MOUK
RACHEL ZINNS, M.D.
P.A. DANIEL ASHITEY
CORIZON HEALTH, INC.
49-04 19th Avenue
Astoria, NY 11105

CORIZON HEALTH, INC.
49-04 19th Avenue
Astoria, NY 11105

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY: GIORDANO LAW OFFICES, PLLC

226 Lenox Avenue
New York, NY 10027
(212) 406-9466

an answer to the complaint which is herewith served upon you, within 21 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

CLERK

DATE

BY DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and Complaint was made by me	DATE
NAME OF SERVER	TITLE
Check one box below to indicate appropriate method of service	
<p>Served personally upon the defendant. Place where served: _____</p> <p>Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p>Returned unexecuted: _____</p> <p>Other (specify): _____</p>	

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information
--

contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____

Date Signature of Server

Address of Server